JBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received) 6 (TVI) m

Refund:	Amount Paid:	Date:	Permit #:
	SJ-11-01	10-14-15	15-0399

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL DEDIVATION. 00 012015

Contract Phone: Contract Contract Phone: Contract Phone: Contract Co	Other: (explain)	~~	
Sq. \(\text{Agent Phone:} \) Plumber \ Agent Mailing Address (includes Chy/State/Zip): Recorded Document			Ď
Contractor Phone: Plumber: Sep	Conditional Use: (explain)	c	(con
Contractor Phone: Sept Phone: Plumber: Plumber:	Special Use: (explain)		
Contractor Phone: Sept Phone: Plumber: Plumber:	Accessory Building Additi	Rec'd for Issuance	38
Contractor Phone: Sept 7-469-0474 Agent Mole: Agent Mailing Address (include Cft//State/Zip): Agent Mailing Address (include Cft//S	Accessory Building (spec	Municipal Ose	MIN
Contractor Phone: Agent Mailing Address (include Cfk/State/Zip): Agent Maili	3		
Sq r A & S T	Mobile Home (manufactured date)		
Contractor Prione: Sep 7-449-047 Uisock Divarbing Address (Include City/State)zip): Agent Mailing Address (Include City/State)zip): Include City/State (Include City/S	Bunkhouse w/ (□ sanitary, or		
Contractor Phone: Sep 7-449-0474 U Sock D D D	with Attachec	Commercial Use	Com
Sarves UT Contractor Phone: Plumber: So ? - 469-047 UISOCK Plumber: Agent Mailing Address (include Cify/State/Zip): Is Proposed Structure is from Shoreline: Is Proposed Structure Agent Mailing Address (include Cify/State/Zip): Is Proposed Structure Agent Mailing Address (include Cify/State/Zip): Is Proposed Structure Agent Mailing Address (include Cify/State/Zip): Is Proposed Structure Distance Structure is from Shoreline: Is Proposed Structure Agent Mailing Address (include Cify/State/Zip): Agent Mailing Add	with (2 nd) Deck		
Contractor Phone: So 7 - 469 - 047	with a Deck		
Contractor Phone: Serves Coltactor Phone: Serves Coltactor Phone: Agent Mailing Address (include City/State/Zip): Bock(s) No. Block(s) No. Subdivision: Is Proposed in the property: Agent Mailing Address (include City/State/Zip): Agent Mailing Address (include City/State/Zip): Bock(s) No. Block(s) No. Subdivision: Is Proposed in the property: Agent Mailing Address (include City/State) Specify Type: 1	with a Porch	Residential Use	Resid
Contractor Phone: Serves Contractor Phone: Agent Phone: Agent Mailing Address (include City/Stare/Zip): Bock(s) No. Block(s) No. Subdivision: Is Proposed in the property? Agent Mailing Address (include City/Stare/Zip): Agent	with Loft	3	ه.
Contractor Phone: Plumber: Agent Mailing Address (include City/Stare/Zip): Recorded Document	Principal Structure (first structure on pro Residence (i.e. cabin, hunting shack, etc.)	× □	
Contractor Phone: Contractor Phone: Plumber:		Proposed Use	Prop
Contractor Phone: Plumber:	0 17	Proposed Construction:	Proposec
Plumber: Agent Mailing Address (include Cft//State/Zip): Agent Mailing Address (include Cft//State/Zip): Recorded Document Of: Lot Size Lot Size Distance Structure is from Shoreline: feet Distance Structure is from Shoreline: bedrooms # What Type of Sewer/Sanitary Systen is on the property? All None Portable (w/service contract) None Plumber: Recorded Document Volume Floodplai Is Prop Sewer/Sanitary Systen Sewer/Sanitary Systen Sewer/Sanitary Systen Sewer/Sanitary Systen Sewer/Sanitary Systen Sewer/Sanitary Specify Type: None Portable (w/service contract)	Evisting Ctructure: (if permit being applied for is relevant to it)	******** (If permit heli	Evicting 6
Plumber: Plumber:			
Plumber: Plumber:		Property	
Plumber: Plumber:	+	<u>.</u> .	
Plumber: Agent Mailing Address (include Cft//State/Zip): Agent Mailing Address (include Cft//State/Zip): Recorded Document Oct. Cof:		Conversion □	22/28 27/2/28
Plumber: Plumber:	溪	☐ Addition/Alteration) -
Plumber: Agent Mailing Address (include City/State/Zip): Agent Mailing Address (include City/State/Zip): Page Lot(s) No. Block(s) No. Subdivision: Gof: Distance Structure is from Shoreline: Floodplaine: Floodplaine: Floodplaine: Sewer/Sanitary System bedrooms Block(s) No. Subdivision: Sewer/Sanitary System	ruction 1-Story	ia	material
Plumber: Plumber:	# of Stories and/or basement	Time Project de Ime &	Value at Time of Completion * include donated time &
Plumber: Plumber:		oreland	□ Non-Shoreland
Sqraes WT Contractor Phone: Plumber: Sv7-4469-0474 U150CK, Plumber: Agent Mailing Address (include Cify/State/Zip): Agent Phone: Agent Mailing Address (include Cify/State/Zip): PIN: (23 digits) O4-04-7-44-09-16-1 05-002-85000 Volume (s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: 1360 8-179 Town of: Lot Size W Sqraes Include Cify/State/Zip): Recorded Document Block(s) No. Subdivision: 15 Proping Stream (incl. Intermittent) Distance Structure is from Shoreline: Is Proping Include Cify/State/Zip):	্ৰ্ম(s Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	¥	Shoreland
Sqrnes	☐ Is Property/Land within 300 feet of River, Stream Creek or Landward side of Floodplain? If yes—	○ □	•
Sarnes	14 N, Range 9 V	Section, Township	Sec
Contractor Phone: Plumber: S07-469-0474 Ussock, Plumbing Address (include Cify/State/Zip): Agent Phone: Agent Mailing Address (include Cify/State/Zip): PIN: (23 digits) 04-004-2-44-09-16-1 05-002-85000 Volume	Gov't Lot Lot(s)	1/4,1/4	
Plumber: 14 Plumber: 130CK, Plumbing Address (include City/State/Zip):	(Use Tax Statement)	CT <u>Legal Description</u> :	PROJECT LOCATION
Plumber: Plumber: Plumber: And Disock Plumbing & Hearing		Authorized Agent: (Person Signing Application on behalf of Owner(s)	uthorized
(UI	18.	isan Restora	Contractor:
City/State/Zip:	CSM 1360 0	Q	Address of Property:
+ Come Rd Eda Prairie MN 55347	Brever 10	s + S 2	Owner's Name:
TYPE OF PERMIT REQUESTED→ ☐ LAND USE ☐ SANITARY ☐ PRIVY ☐ CUNDITIONAL USE ☐ SPECIAL USE ☐ BOUAT ☐ THEN ☐ CITY/State/Zip: ☐ Telephone:	LAND USE ☐ SANITJ	RMIT REQUESTED—►	YPE OF PI

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Date

Date

5

29.

S

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

ners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Address to send permit

Owner(s):

Glacy

(If there are Multiple ow

Signature of Inspector: 97644 Hold For Sanitary: 18 Hold For TBA:	Is Structure Non-Conforming	Is Parcel in Common Ownership: NOTICE: All Land Use Permits E For The Construction of New One & Two The local Town The local Town The local Town Separate County Use Only) Permit #: 15-0399 Is Parcel a Sub-Standard Lot Uyes (Deed of Record) Is Parcel in Common Ownership: Uyes (Fused/Contiguous	Please complete (1) – (7) above (prior to continuing) (8) Setbacks: (measured to the closest point) Description Description Measurement Setback from the Established Right-of-Way Feet Setback from the Established Right-of-Way Feet Setback from the East Lot Line Setback from the East Lot Line Setback to Privy (Portable, Composting) Setback to Privy (Por	(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):
Hold For Affidavit: Hold For Fees:	Dected by: Yes Not (If No they need to be attached) Previously Granted by	S Expire One (1) Year from the Date of Issuance if wo Family Dwelling: ALL Municipalities Are Requirent, Village, City, State or Federal agencies may also Sanitary Number: 15-1345 #Reason for Denial: Permit Date: 15-15-15-15-15-15-15-15-15-15-15-15-15-1	Setback from the Setback from the minimum required setb from which the minimum required setb from the corrected compass from the corrected compass from the minimum required setb from the corrected compass from the minimum required setb from the min	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
Date of Approval / 2/15	Affidavit Required	(HT), Privy (P), and Well (W t begun. n Dwelling Code. Sanitary Date: 10-14-	Changes in plans must be approved by the Planning & Zoning Dept. Description Description Measurement The River, Stream, Creek The Bank or Bluff The Bank or Bluff Wetland The Bank or Bluff Feet Wetland The Stream one previously surveyed corner to the structure, or must be wisible from a known comer within \$50 feet of the proposed site of the structure, or must be stable from must be wisible from a known comer within \$50 feet of the proposed site of the structure, or must be	d) Holding Tank (HT) and/or (*) Privy (P)

MAP OF SURVEY

LOCATED IN GOVERNMENT LOT 2 OF SECTION R. 9 W., IN THE TOWN OF BARNES, BAYFIELD RECORDED IN VOLUME 8 BAYFIELD COUNTY CERTIFIED SURVIN VOLUME 8 OF CSM ON PAGES SURVEY MAP NO. 1360, 16, T. 44 N., COUNTY, WISCONSIN 179 AND 180 AND

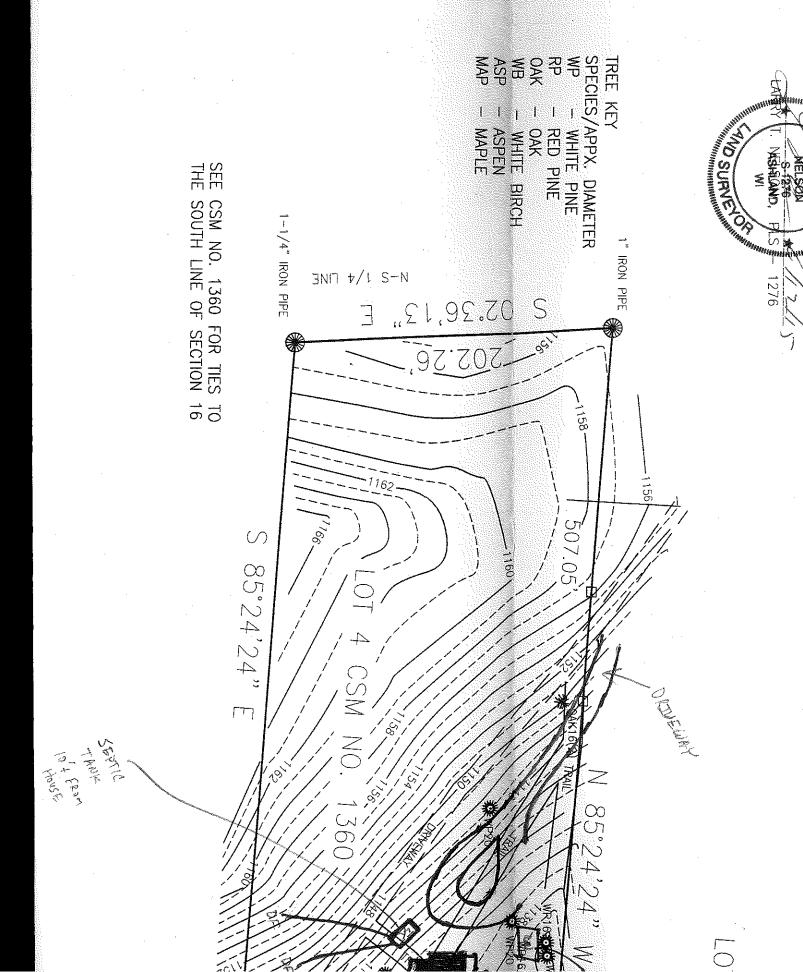
SURVEYOR'S CERTIFICATE

I, LARRY T. NELSON, PROFESSIONAL LAND SURVEYOR IN THE STATE OF WISCONSIN, HEREBY CERTIFY:

THAT ON THE ORDER OF JAMES BREUER, I HAVE MADE A TOPOGRAPHIC AND BOUNDARY SURVEY OF LOT 4 OF BAYFIELD COUNTY CERTIFIED SURVEY NO. 1360, LOCATED IN GOVERNMENT LOT 2 OF SECTION 21, T. 44 N., R. 9 W., IN THE TOWN OF BARNES, BAYFIELD COUNTY, WISCONSIN;

THAT THIS MAP IS A TRUE REPRESENTATION OF SAID SURVEY; AND

THAT SAID NSCONS/ SURVEY AND MAP ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF



SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

Date Mario (Received)

0.9 2015

<u>(</u>)

09 2015

Refund:

APPLICATION FOR PERMIT

200 B

Permit #: Amount Paid Date: \$90 | | \$90 S-0400 51-411-01

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED Bayfield Co., Zoning Dept.

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Non-Shoreland	☐ Shoreland ——		Section	SE 1/4, WW 1/4	PROJECT LOCATION			Authorized Agent: (Pe	Jon Donnellea	Contractor:	Pease Rd. *	Address of Property: 5/565	Roger A	Owner's Name:	TYPE OF PERMIT RE
	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (Incl. Intermittent) Creek or Landward side of Floodplain? If yescontinue — >	Section f , Township HH N, Range g	1/4 Gov't Lot Lot(s)	Legal Description: (Use Tax Statement)			Authorized Agent: (Person Signing Application on behalf of Owner(s))	Nelle a	4		5/505	Roger A Meixner		TYPE OF PERMIT REQUESTED-> 📗 🗆 LAND USE 🛭 🛭 SAN
	re, Pond or Flowage If yescontinue	ir, Stream (incl. Intermittent) If yes—continue —	W Barnes	3073 126	04-2-44-0	PIN: (23 digits)		Agent Phone: /	492.2156 Edwardson	Contractor Phone: F	Barnes Wi	City/State/Zip:	1057357	Mailing Address:	ITARY 🗆 PRIVY 🗎
	Distance Structure is from Shoreline:	Distance Structure is from Shoreline :	ies	Lot(s) No. Block(s) No.	004-2-44-09-01-2-04-000	, Andrew		Agent Mailing Address (include City/State/Zip):	dundson	Plumber:	Way to the second secon	•	N9573 ST. Rd ColFax Wisy	City/State/Zip:	☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE
	j ā	A	Lot Size 353.06 Acreage	Subdivision:	Volume	Recorded Documer		itate/Zip):					0,54730		IAL USE 🗆 B.O.A.
		Is Property in Are Wetlands Floodplain Zone? Present?	0 & Acreage 5,0/0		Page(s)	Recorded Document: (i.e. Property Ownership)	Attached	Written Authorization	1416-012-809	Plumber Phone:	715-556-8598	Cell Phone:	- 76	Telephone:	.A. OTHER
		P nds			7	<u> </u>			A. C.		200 200		- 6		

Proposed Construction:	Existing Structure: (If permit being applied for is relevant to it)		P		i R	30,000 10		NB	Value at Time of Completion *include donated time & material
T.	ermit being applied fo		Property	☐ Run a Business on	Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration	☑ New Construction	Project
	r is relevant to it)		☐ Foundation	□ No Basement	☐ Basement	☐ 2-Story	☐ 1-Story + Loft	✓ 1-Story	# of Stories and/or basement
Length: 47	Length:						W Year Round	□ Seasonal	Use
				□ None		 ω	□ 2	_	# of bedrooms
Width: 2)	Width:	□ None	☐ Compost Toilet	☐ Portable (w/service contract)	Privy (Pit) or Vaulted (min 200 gallon)	☐ Sanitary (Exists) Specify Type:	(New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
Height: 7	Height:			ract)	ted (min 200 gallon)	y Type:	/ Type:		a of · System perty?
*				·		<u>ت</u>	&Well	□ City	Water

	(×)	Other: (explain)	
	×	Conditional Use: (explain)	
	×	Special Use: (explain)	a a supplementation of the control o
	A CALL THE REAL PROPERTY OF THE PROPERTY OF TH		DOO'N TO LONG ON THE PROPERTY OF THE PROPERTY
***************************************	×	Accessory Building Addition/Alteration (specify)	
	(42 x 28)	Accessory Building (specify) Caring WI Screen Count Braine	- Municipal use
	×	Addition/Alteration (specify)	
	×	Wobile Home (manufactured date)	THE COLOR OF THE C
	×	Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep facilities)	
	(x)	with Attached Garage	Commercial Use
	(x	with (2 nd) Deck	
and the second s	×	with a Deck	
	×	with (2 nd) Porch	
	×	with a Porch	Residential Use
	×	with Loft	
Name of the last o	×)	Residence (i.e. cabin, hunting shack, etc.)	
	×	Principal Structure (first structure on property)	
Square Footage	Dimensions	Proposed Structure	Proposed Use 💛

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES and accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. 10 N 2015

Owner(s): MOLU (If there are Multiple Owner

(If you are signing on 1095

Authorized Agent: MLUMUI on the Déed All Owners must sign or letter(s) of authorization must accompany this application)

behalf of the owner(s) a letter 25 3 accompany this application)

Trax ~,

Date

Date

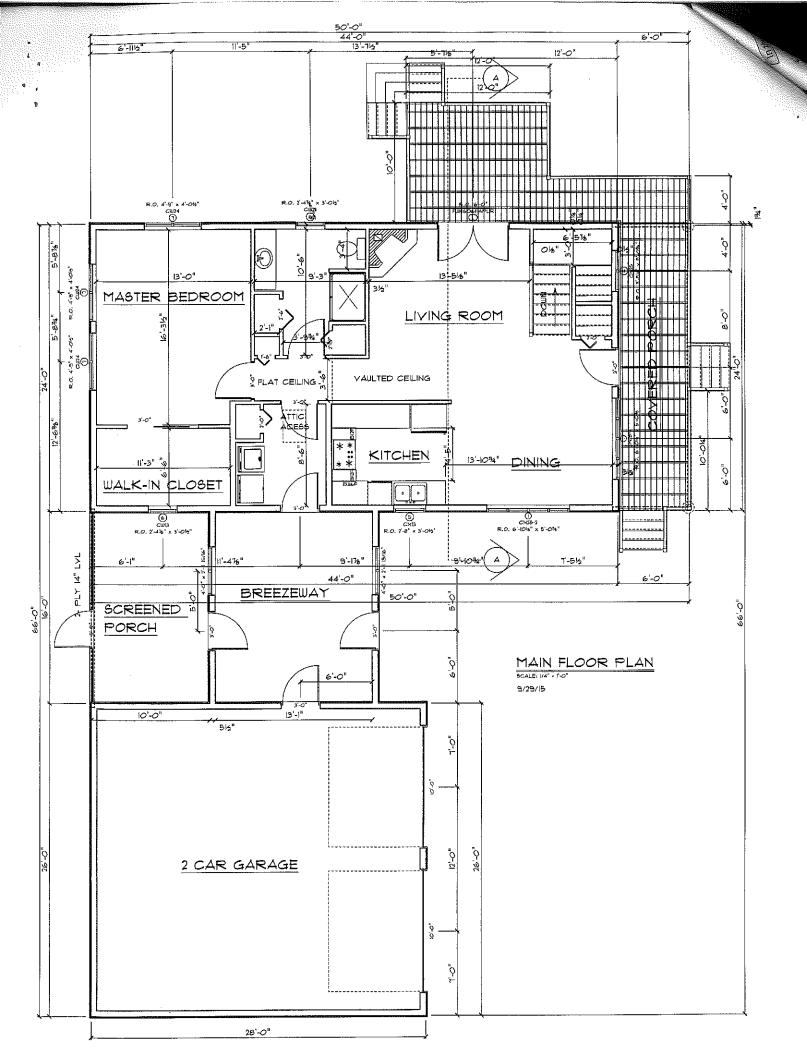
If you recently purchased the property send your Recorded Deed

8/13/15 APPLICANT - PLEASE COMPLETE PLOT PLAN ON RAPSESIDE 15

DUE FOR SOURCE

Address to send permit

	the contribute of the contribute of					77, 300 31, 31, 10 31, 31, 11												Ng su	
<u> </u>	Signature of Inspector: And Not	Date of Inspection: 10 8 () Condition(s): Town, Committee or Board Con	gally Created e Delineated	Granted by Variance (B.O.A.) Case #:	Is Parcel a Sub-Standard Lot Yes (Is Parcel in Common Ownership Yes (Is Structure Non-Conforming Yes	100	Issuance Information (County Use Only) Permit Denied (Date):	(9) Stake or Mark Propose NOTICE: All Lan For The Construction Of	other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Phor to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of marked by a licensed surveyor at the owner's expense.	Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within	Setback to Septic Tank or Holding Tank Setback to Drain Field	Setback from the East Lot Line	Setback from the South Lot Line Setback from the West Lot Line	Setback from the North Lot Line	Setback from the Centerline of Platted Road	Description	Please complete (1) – (7) above (prior to continuing) (8) Setbacks: (measured to the closest point)		(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):
TBA: Hold	for human	Inspected by: or Board Conditions Attached?	Yes ONO		(Daed of Record) (Fused/Contiguous Lot(s))	Permit Date:	Only) Sanitary Number / Section 1985	nd Use Permits Expire One (1) and Use Permits Expire One (1) of New One & Two Family Dwell The local Town, Village, City,	marked by a licensed surveyor at the owner's expense. on of a structure more than ten (10) feet but less than thirty (30) feet from ne other previously surveyed corner, or verifiable by the Department by use owner's expense.	ten (10) feet of the minimum required s	5 3000		762	3	oad 75%	Measurement	r to continuing) to the closest point)		Proposed Construction North: (N) on Plot Plan (*) Driveway and (*) From All Existing Structures on (*) Well (W); (*) Septic Ta (*) Lake; (*) River; (*) Stre (*) Wetlands; or (*) Slope
For Affidavit:	hobitches	Allow (IF No they need to be attached.)	Were Property Lin	Previously Granted by	No Mitigation Required No Mitigation Attached	SI-h1-0	ial:	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Unif The local Town, Village, City, State or Federal agencies may also require permits.) feet from the minimum required setbac ment by use of a corrected compass from	Feet letback the boundary line from which the	Feet Setback to Well	Feet Elevation of Floodplain	Feet Setback from Wetland Feet 20% Slope Area on property			H.	<u>Ch</u>	re Atur	Proposed Construction North (N) on Plot Plan (*) Driveway <u>and</u> (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
Hold For Fees:			Were Property Lines Represented by Owner Was Property Surveyed	y Variance (B.O.A.) Case #	□Yes \No		# of bedrooms:		ck, the boundary line from which the se a known corner within 500 feet of the	bounday line from which the sechack must be measured must be v		<u>dplain</u>	etland on property	Bank or Bluff	high-wat	Description	anges in plans must be appro		oad) (*) Holding Tank (HT) and/o
	Date of Approval:	Lakes Classification (Date of Re-Inspection:	Xyes		Affidavit Required □ Yes Affidavit Attached □ Yes		Sanitary Date: 102	ank (HT), Privy (P), and Well (W). s not begun. fform Dwelling Code.	re setback must be measured must be visible from the proposed site of the structure, or must be	the visible from one previously surviewed corner to the		A/B		JA W.	er mark) / UA	Measurement	Changes in plans must be approved by the Planning & Zoning Dept.		rr (*) Privy (P)
	lol rues		-		o o o				le from	nor to the	Feet	Feet	Feet	Feet	Feet	ant .	g Dept.		



STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT Date St

000 2015

Bayfield Co. Zoning Dept.

Refund: Permit #: Amount

EVIENCO)

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED

DO NOT START CONSTRUC	DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT	APPLICANT.			
TYPE OF PERMIT REC	TYPE OF PERMIT REQUESTED - X LAND USE SANITARY	□ PRIVY	☐ CONDITIONAL USE ☐ SPECIAL USE	IAL USE 🗆 B.O.A.	.A. 🗆 OTHER
Owner's Name:	Owner's Name: David A. Pretosky	Mailing Address:	City/State/Zip:		Telephone:
Logway	Leaway Family LTD PTUSHP	220 17 th SX	220 17th StSoft Lacross e W/ 54601	11 54601	
Address of Property:	, , ,	City/State/Zip:			Cell Phone:
50765 R	50765 Peninsula Rd.	Bornes W1 54873	54873		605-304-151
Contractor:		Contractor Phone: Plun	Plumber:	themser of the state of the sta	Plumber Phone:
Down Che	Deve Christenson Const.	715-795-2358	10-111-0W	0773	}
Authorized Agent: (Per	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: Age	Agent Mailing Address (include City/State/Zip):	tate/Zip):	Written Authorization
Dove	Christenson loust	715-785-2388 5	715-795-2358 52685 Lake Al Barres V	mes (ill)	Attached X Yes No
PROJECT		PIN: (23 digits) (3) 79 79 71 71 71 71 71 72 75 75 75 75 75 75 75 75 75 75 75 75 75	3-7-248	Recorded Documer	Document: (i.e. Property Ownership)
	Gov't Lot Lot(s)	CSIM Vol & Page	Lot(s) No. Block(s) No.	Subdivision:	Lukes Buck
		1,2,3 1/32 10,144	Part of 1/3 2	200 July	140
6 without	Township 44 N Range 9	Town of:		Lot Size	Acreage
section	, township	Barnes	65		4,440
ζ	☐ Is Property/Land within 300 feet of River, Stream (Incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue—▶		Distance Structure is from Shoreline:	14	Is Property in Are Wetlands Floodplain Zone? Present?
A Shoreland →	X is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	4	Distance Structure is from Shoreline:		□ Yes □ Yes
☐ Non-Shoreland					

Proposed Construction:	Existing Structure					7500,00 Conversion	n		Value at Time of Completion * include donated time & material
uction:	Existing Structure: (if permit being applied for is relevant to it)		Property	☐ Run a Business on	☐ Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration	New Construction	Project
	or is relevant to it)		☐ Foundation	□ No Basement	☐ Basement	☐ 2-Story	☐ 1-Story + Loft	X 1-Story	# of Stories and/or basement
Length: $34'$	Length:						Year Round	★ Seasonal	Use
1			-	X None		ш ж	□ 2	⊢>	# of bedrooms
Width: 22' dry Height: 9'	Width: Height:	□ None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	X Sanitary (Exists) Specify Type: 41/1/ Sugart Brande W	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System is on the property?
***************************************						Deside	X Well	□ City	Water

				The second secon
Proposed Use	7	Proposed Structure	Dimensions	Square Footage
		Principal Structure (first structure on property)	(x)	
		Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(x)	
Residential Use		with a Porch	(x)	
		with (2 nd) Porch	(X)	
		with a Deck	(X)	
		with (2 nd) Deck	(X)	
Commercial Use		with Attached Garage	(x)	
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	(x)	
		Mobile Home (manufactured date)	(x)	
		Addition/Alteration (specify)	(x)	
Municipal Use	X	Accessory Building (specify) Courport	(24' × 22')	528
Registration of the state of th		Accessory Building Addition/Alteration (specify)	(×	
20025				annen ma'rant thinken to the transfer of the t
Pelilinne a road		Special Use: (explain)	(×	
		Conditional Use: (explain)	(x)	
		Other: (explain)	(×	
Secretarial Staff	-33	1. C. C. D. C.	1	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

[we] declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. | (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield country in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield Country relying on this information I (we) am (are) providing in or with this application. I (we) consent to country officials charged with administering country ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): (If there are Multiple Owners I lers listed On which the Stranson Comp.

Jave Christanson Comp.

Jou are signing on behalf of the owner(s) a letter of authorization mu

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Journal of the owner(s) a letter of a let listed on the Deed All Owners must sign or letter(s) of author

Authorized Agent: (If you Jave

Address to send permit

52685

ust accompany this application) 54873

Date

Date

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

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A Hole	Cimpating of Ingraption		Date of Inspection: 10.6.7 S	Inspection Record: 0 L	Was Parcel Legally Created Was Proposed Building Site Delineated	Granted by Variance (B.O.A.) 'Yes J-No Case #:	Is Parcel a Sub-Standard Lot	Permit #: 15-0401	Issuance Information (County Use Only) Permit Denied (Date):	(9) Stake or Mark Proposition (9) NOTICE: All La For The Construction C	other previously surveyed conter or marked by a licensed other previously surveyed construction of a structure mor one previously surveyed corner to the other previously surveyed corner to the owner's expense.	Setback to Septic Tank or Holding Tank Setback to Drain Field Setback to Privy (Portable, Composting) Setback to Privy (Portable, Composting)	Setback from the North Lot Line Setback from the South Lot Line Setback from the West Lot Line Setback from the East Lot Line	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	Please complete (1) – (7) above (prior to continuing) (8) Setbacks: (measured to the closest point) Description Measure		Chair	Friday Holding Tan	Short James Wall	Corport	Driveno	(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):	ροχ below: <u>Draw</u> or <u>Sketch</u> your
Hold For TBA: Hold For Affidavit:		46.4	Inspected by: O		Yes 🗆 No		(Deed of Record) ANO (Fused/Contiguous Lot(s)) ANO (Fused/Contiguous Lot(s)) ANO	Permit Date: 10-14	e Only) Sanitary Number: Reason for Denial:	nsed Location(s) of New Construction, and Use Permits Expire One (1) Year from Stew One & Two Family Dwelling: ALL Not The local Town, Village, City, State or F	surveyor at the owner's expense. "e than ten (10) feet but less than thirty (30) feet from the strain of the content by use of the partment by use of the strain or verifiable by the Department by use of the strain of the strai	Feet	" " "	toad QC Feet	to the closest point) Measurement A CY /		(april) Tan	THE THE WAR		Service	Drainsfeld of 96	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	box below: Draw or Sketch your Property (regardless of what you are applying lor)
wit: Hold For Fees:			(If No they need to be attached.)		Were Property Lines Represented by Owner Was Property Surveyed	Previously Granted by Variance (B.O.A.) Previously Granted by Variance (B.O.A.) C	ີ Yes □ Yes	18	# OT bedrooms:	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The Iocal Town, Village, City, State or Federal agencies may also require permits.	etback, the boundary line from which from a known corner within 500 feet	Setback to Well Setback to Well boundary line from which the setback must be measured mus	Setback from Wetland 20% Slope Area on property Elevation of Floodplain	Setback from the Lake (ordinary high-w Setback from the River, Stream, Creek Setback from the Bank or Bluff		House	r part			Chrott	Reninsula PS	(Name Frontage Road) erty) Drain Field (DF); (*) Holding Tank (HT) and (b) (c) (b) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Dryne 101
CLL 33	Date of Approval: ////		Date of Re-Inspection:	Zoning District () Lakes Classification ()	ner 🛮 Yes 💢 🗘 No	asse #:	Affidavit Attached		paintally protection	Tank (HT), Privy (P), and Well (W). as not begun. niform Dwelling Code.	the setback must be rof the proposed site o	st be visible from one previously surveyed corner to the	Feet ☐ Yes ☐ Feet Feet	ater mark) Feet Feet Feet	Changes in plans must be approved by the Planning & Zoning Dept. Description Measurement				I strange Cos	with:		d/or (*) Privy (P)	